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Enforcement / Compliance



STATE OF TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF WATER POLLUTION CONTROL 401 Church Street, 6th Floor, L & C Annex Nashville, TN 37243-1534

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
CERTIFICATION FORM
FOR SUBMISSION OF ELECTRONIC AND PAPER
DISCHARGE MONITORING REPORTS

NPDES PERMIT#
FACILITY NAME Benton STP
Treatment Facility Information
OPERATOR NAME Dewayne Mikel
DATE OF CERTIFICATION November 7, 2002
FACILITY ADDRESS 1 320 TOWN Creek Rd.
FACILITY ADDRESS 2
FACILITY CITY Benton STATE TN ZIP 37307
TELEPHONE NUMBER (423) 338-2928 FAX (423) 338-0540
E-MAIL address bentonwater bell south. net
Cognizant Official Information Check box if information is the same
COGNIZANT OFFICIAL NAME AND TITLE Jerry T. Stephens. (Mayor)
ADDRESS 1 P.O. BOX 687
ADDRESS 2 6496 Hwy 411
CITY Benton STATE TN ZIP 37307
TELEPHONE NUMBER (423) 338-5733 FAX (423) 338-0544
E-MAIL ADDRESS Denton recorder hotmail. Com

I am the person who has been authorized under § 40 CFR 122.22 to sign Discharge Monitoring Reports (DMRs). I am aware that there are significant penalties under state and federal law for failure to submit DMRs, as well as for falsification of DMR data.

I certify under penalty of law that this document and all attachments, (i.e., this submittal of DMR data by paper or electronic means), were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COGNIZANT OFFICIAL NAME (Printed or Typed)

COGNIZANT OFFICIAL TITLE (Printed or Typed)

SIGNATURE OF COGNIZANT OFFICIAL